

TMH:jlb 6395-64907 207483.doc 07/21/03

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KLARQUIST SPARKMAN, LLP
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 PHONE: 503-226-7391 FAX: 503-228-9446

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Fax No.: (703) 308-4242

Total No. Pages: 15 including this cover sheet

Message: Transmitted herewith for filing in the above-identified application is a Preliminary Amendment. If you do not receive all pages or if you have problems receiving transmittal, please call Tanya M. Harding, Ph.D. at (503) 226-7391. The fee (large entity) has been calculated as shown below.

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In re application of: Chang

Application No.: 09/701,536

Filed: June 18, 2001

For: NUCLEIC ACID VACCINES FOR PREVENTION OF
FLAVIVIRUS INFECTION

Examiner: Jeffrey S. Parkin

Art Unit: 1642

Date: July 21, 2003

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence and any documents referred to as being transmitted herewith are being facsimile transmitted to the Patent and Trademark Office via fax number (703) 308-4242 on July 21, 2003.

Tanya M. Harding, Ph.D.
Attorney for Applicant

FEE CALCULATION FOR CLAIMS AS AMENDED

For	No. after amendment	No. paid for previously	Extra	Rate	Fee
Total Claims	42	- 34*	= 8	\$18.00	\$144.00
Indep.	1	- 4**	= 0	\$84.00	\$ 0.00
TOTAL FEE FOR THIS AMENDMENT					\$144.00

*greater of twenty or number for which fee has been paid. **greater of three or number for which fee has been paid.

- A copy of the Substitute Power of Attorney submitted on March 25, 2003, is enclosed, along with a copy of the postcard acknowledging receipt by the PTO on April 1, 2003.
- Please charge this fee and any additional fees that may be required in connection with filing of this Preliminary Amendment to Deposit Account 02-4550.

July 21, 2003

Date

Tanya M. Harding, Ph.D.
Registration No. 42,630
cc: Docketing

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CLIENT/MATTER NO. 6395-64907 ATTY/SEC TMH:jlb
 INVENTOR(S): Chang

APP. NO. 09/701,536 FILING DATE 11.19.00

The following, due _____, mailed 3.25.03

by First Class Mail, was received in the U.S. PTO on the date stamped hereon:

<input type="checkbox"/> Amendment	<input type="checkbox"/> Marked Up Claims/Spec.	<input type="checkbox"/> After Final Rejection
<input type="checkbox"/> Extension of Time/Extension Fee for _____ Months		
<input type="checkbox"/> Notice to File Missing Parts - Date _____		<input type="checkbox"/> Ltr to Draftsperson
<input type="checkbox"/> Notice to File Corrected App. Papers - Date _____		<input type="checkbox"/> Notice-Allowability
<input type="checkbox"/> Comb. Dec./POA	<input type="checkbox"/> Sht(s) Drawings	<input type="checkbox"/> Sht(s) Drawings
<input type="checkbox"/> Issue Fee Transmittal (Form PTOL-85b)		<input type="checkbox"/> Sequence Listing _____ pages
<input type="checkbox"/> Supp. Dec.	<input type="checkbox"/> Issue/Adv. Order fees	<input type="checkbox"/> Stmt in Comp. _____ Disk
<input type="checkbox"/> IDS Form PTO-1449/Ref.		<input type="checkbox"/> Petition
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Check No. _____ for \$ _____		<input checked="" type="checkbox"/> Deposit Acct. 02-4550 Authority
<u>✓ Sub POA + Change corr. Address</u>		

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